

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005614

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** LIFECHANGE CONCEPTS, INC.

**Current Principal Place of Business:**

2017 ABBEY TRACE DRIVE  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1185  
VALRICO, FL 33595

**New Mailing Address:**

**FEI Number:** 59-3599181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNCH, RAYMOND E  
2017 ABBEY TRACE DR  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LYNCH, RAYMOND E  
Address: 2017 ABBEY TRACE DR  
City-St-Zip: DOVER, FL 33527

Title: D  
Name: PARTIN, DAVE  
Address: 14909 GREELEY DR.  
City-St-Zip: TAMPA, FL 33625

Title: DVP  
Name: PORRICOLO, JOHN  
Address: 15342 SHERWOOD FOREST DR  
City-St-Zip: TAMPA, FL 336472100

Title: D  
Name: RENJE, BILL  
Address: 27233 LAUREL CHASE LANE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SD  
Name: LYNCH, JUDY A  
Address: 2017 ABBEY TRACE DRIVE  
City-St-Zip: DOVER, FL 33527

Title: D  
Name: WEIHE, CHRISTIAN C  
Address: 7329 S. SAINT PATRICK STREET  
City-St-Zip: TAMPA, FL 33616

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND E. LYNCH

PRES

01/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date